

## Designation Criteria for Level II STEMI Center

<b>1. Personnel</b>
1.1 The center has identified an individual responsible for coordination of cardiac care.
1.2 The center has a defined rapid response team that responds to cardiac emergencies within the facility.
1.3 The center has an Advanced Cardiac Life Support (ACLS)-certified physician who oversees cardiac care.
<b>2. Training and Education</b>
2.1 The physicians, midlevel providers, and registered nurses (RNs) on the cardiac care team are current in ACLS or equivalent.
2.2 All center emergency department (ED) RNs have current ACLS training or equivalent.
2.3 All center staff must complete annual education on the signs and symptoms of Acute Coronary Syndrome (ACS).
2.4 RNs on the cardiac care team complete annual education or training in identifying dysrhythmias, symptoms of ACS, and current American Heart Association (AHA) ACS guidelines.
2.5 The center offers tobacco cessation, nutrition, and other heart-healthy education for its employees and the community at least annually.
2.6 The center provides annual public education on cardiovascular disease prevention, the signs and symptoms of heart attack, and the importance of learning CPR and calling 911 in cardiac emergencies.
2.7 The center provides assistance with training and clinical education for Emergency Medical Services (EMS) in coordination with the EMS Medical Directors, as needed and upon request (e.g. reading electrocardiograms [ECG/EKG] for STEMI patients, appropriate activation of the cardiac care team, etc.).
<b>3. STEMI Services</b>
3.1 The center has laboratory or point-of-care testing available 24/7.
3.2 The center’s pharmacy is adequately staffed by qualified personnel to ensure effective medication management services 24/7.
3.3 The center has Food and Drug Administration (FDA)-approved fibrinolytic therapy available 24/7.
3.4 The center’s post cardiopulmonary arrest care protocols are based on current AHA guidelines.
3.5 The center provides resuscitation and stabilization of cardiac patients prior to transfer to a higher level of care 24/7.

3.6 The center has protocols for activating the cardiac care team for patients who arrive via EMS and patients who "walk-in".

3.7 The center has protocols for: ACS, STEMI, triage for "walk-ins" presenting with symptoms of ACS, fibrinolytic therapy, initiation of post arrest care based on current AHA guidelines, and transfer guidelines.

3.8 The center has transfer protocol in place for rapid transfer of patients requiring a higher level of care.

3.9 The center coordinates with local Emergency Medical Services (EMS) agencies on cardiac care, transport policies and procedures, training, and quality improvement.

## **5. Performance Measurement and Quality Improvement**

5.1 The center must participate in Idaho's TSE Registry. At least 80% of cases are entered into the TSE Registry within 180 days of treatment.

5.2 The center participates in their Regional TSE Committee.

5.3 The center must have a performance improvement (PI) program to ensure optimal care and continuous improvement of care.

5.4 The PI program is supported by a reliable method of internal data collection that consistently gathers valid and objective information necessary to analyze and identify opportunities for improvement.

5.5 System and process issues (such as documentation and communication), clinical care issues, and transfer decisions must be reviewed by the PI program.

5.6 The STEMI program must use current clinical practice guidelines, protocols, and algorithms derived from evidence-based validation resources to achieve benchmark goals.

5.7 All process and outcome measures must be documented in written PI plan and updated annually.

5.8 The process of analysis occurs at regular intervals to meet the needs of the program.

5.9 The process demonstrates problem resolution (loop closure).

5.10 The center is able to identify the STEMI patient population for review.

5.11 The PI program must have audit filters to review and improve patient care.

5.12 The center's PI program must work with receiving facilities to provide and obtain feedback on all transferred patients.

5.13 The PI review is inclusive of all STEMI admissions and transfers.

5.14 The center must have a policy to notify dispatch and Emergency Medical Services (EMS) agencies when on divert status.